



New Jersey Department of Environmental Protection
Site Remediation Program

CONFIRMED DISCHARGE NOTIFICATION

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: _____

List all AKAs: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

County: _____ Zip Code: _____

Program Interest (PI) Number(s): _____

Case Tracking Number(s): _____

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2. _____

State Plane Coordinates for a central location at the site: Easting: _____ Northing: _____

Municipal Block(s) and Lot(s):

Block # _____ Lot # _____ Block # _____ Lot # _____

Block # _____ Lot # _____ Block # _____ Lot # _____

Block # _____ Lot # _____ Block # _____ Lot # _____

Block # _____ Lot # _____ Block # _____ Lot # _____

SECTION B. DISCHARGE BEING REPORTED WITH THIS SUBMISSION

Incident Number/Com. Center Number for the discharge being reported with this submission: _____

Is there an existing remedial case at the site? ☐ Yes ☐ No

If "Yes," would you like to combine this incident number with the existing case? ☐ Yes ☐ No

Provide the Tracking Number for the existing remedial case would you like to combine this incident number with: _____

SECTION C. CURRENT OWNER OF THE SITE

Affiliation/Name of Organization: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

SECTION D. SITE USE

Current Site Use (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Park or recreational use |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Vacant |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Government |
| <input type="checkbox"/> School or child care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Agricultural | |

Intended Future Site Use, if known (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Park or recreational use |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Vacant |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Government |
| <input type="checkbox"/> School or child care | <input type="checkbox"/> Future site use unknown |

SECTION E. DESCRIPTION OF DISCHARGE

Date Discharge Occurred: _____ Date NJDEP Hotline called: _____

Media Contaminated:

☐ Soil ☐ Groundwater ☐ Surface Water Receiving Water: _____
☐ Historic Fill only

Description of Discharge:

SECTION F. FEDERAL RELEASEIs this discharge related to a release from a Federally regulated UST? ☐ Yes ☐ No

If "Yes," please answer the following questions:

Tank ID (from Registration): _____ Tank System Size: _____

Contents: _____

Source of Federal Release (check appropriate category):

- ☐ Dispenser
- ☐ Vent Pipe
- ☐ Fill Port/Fill Lines
- ☐ Piping (Upgraded)
- ☐ Piping (Not Upgraded)
- ☐ Spill Bucket
- ☐ Tank (Upgraded)
- ☐ Tank (Not Upgraded)
- ☐ Vapor System Recovery
- ☐ Submersible Turbine Pump Area
- ☐ Other (Specify) _____
- ☐ Delivery Problem
- ☐ Unknown

Cause of Federal Release (check appropriate category):

- ☐ Spill
- ☐ Overfill
- ☐ Physical/Mechanical Damage
- ☐ Loose Fittings
- ☐ Installation Problem
- ☐ Vapor Release
- ☐ Other (Specify) _____
- ☐ Corrosion
- ☐ Unknown

SECTION G. CASE TYPE: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Administrative Consent Order (ACO) | <input type="checkbox"/> Landfill (SRP subject only) |
| <input type="checkbox"/> Brownfield Development Area (BDA) | <input type="checkbox"/> Regulated Underground Storage Tank (UST) |
| <input type="checkbox"/> Child Care Facility | <input type="checkbox"/> Remediation Agreement (RA) |
| <input type="checkbox"/> Chrome Site (Chromate chemical production waste) | <input type="checkbox"/> School Development Authority (SDA) |
| <input type="checkbox"/> Coal Gas | <input type="checkbox"/> School facility |
| <input type="checkbox"/> Due Diligence with RAO | <input type="checkbox"/> Spill Act Defense – Government Entity |
| <input type="checkbox"/> Hazardous Discharge Remediation Fund (HDSRF) Grant/Loan | <input type="checkbox"/> Spill Act Discharge |
| <input type="checkbox"/> Historic Pesticides | <input type="checkbox"/> UST Grant/Loan |
| <input type="checkbox"/> ISRA | <input type="checkbox"/> Other (explain): _____ |

Federal Case (check all that apply)

☐ RCRA GPRA 2020 ☐ CERCLA/NPL ☐ USDOD ☐ USDOE ☐ TSCA

SECTION H. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____ Date: _____

Name/Title: _____

No Changes To Contact Information Since Last Submittal ☐

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420